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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758773 (6)

1. Corporation Name

CHARLES RALEY MINISTRIES, INC.

Principal Place of Business

1350 E. LAKE RD. N.
TARPON SPRGS. FL 34689

Mailing Address

1350 E. LAKE RD. N.
TARPON SPRGS. FL 34689-6301



3. Date Incorporated or Qualified 06/16/1981 3a. Date of Last Report 01/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALEY, CHARLES W
1350 E. LAKE RD. N.
TARPON SPRGS. FL 34689

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME RALEY, DOROTHY M
STREET ADDRESS 1350 E. LAKE RD. N.
CITY - ST - ZIP TARPON SPRGS. FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME RALEY, JOHN H.
STREET ADDRESS 6905 RIDGE TOP DRIVE
CITY - ST - ZIP NEW PORT RICHEY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE PDC
NAME RALEY, CHARLES W
STREET ADDRESS 1350 E. LAKE RD. N.
CITY - ST - ZIP TARPON SPRGS. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE MD
NAME RALEY, MASON D.
STREET ADDRESS 2612 FIVE FORKS CT.
CITY - ST - ZIP MIDDLEBURG FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME KACHULIS, DAVID
STREET ADDRESS 2187 CAMPUS DR
CITY - ST - ZIP CLEARWATER FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE VD
NAME RALEY, DAVID C.
STREET ADDRESS 4081 THOMASVILLE LN
CITY - ST - ZIP MARIANNA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dr. Charles W. Raley, Charles W. Raley, Pres. 1-16-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000001

CR2E037 (9/96)